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# INTELLECTUAL PROPERTY LAW

То:	U.S. Patent & Trademo	ark Office From:	Ronald E. Smith			
Attn:	Mark Spisich, Art Unit:	744 Client:	1051.10			
Fax:	571-273-8300	Pages	7 including coversheet			
Phone:	571-272-1278	Date:	January 3, 2007			
Re:	USSN: 10/708,266	ÇC:	Mark E. Kirby			
Urgei	nt	□ Please Comment	☐ Please Reply	Please Recycle		

# Dear Examiner Spisich:

In response to the final office action mailed November 2, 2006, we enclose the following:

- 1) Amendment Transmittal with Certificate of Facsimile Transmission under 37 CFR 1.8(a) dated January 3, 2007 (2 pages); and
- 2) Amendment AF with Certificate of Facsimile Transmission under 37 CFR 1.8(a) dated January 3, 2007 (4 pages).

Very respectfully,

Ronald E. Smith

USPTO Reg. No. 28,761

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# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.

: 10/708,266.

Confirmation No. 2265

Applicant:

: Mark E. Kirby

Filed:

: 02/20/2004

TC/A.U.

: 1744

Examiner

: Mark Spisich

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Docket No.

: 1051.10

Customer No.

: 21901

For

: Grout Cleaning Sponge

Transmitted to Central Fax at (571) 273-8300 Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

## AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

#### **STATUS**

2. Applicant is an independent inventor.

#### **EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of time is required.

## CERTIFICATE OF FACSIMILE TRANSMISSION

(37 C.F.R. 1.8 (a))

I HEREBY CERTIFY that this Amendment AF, including Amendments to the Claims and Remarks, are being transmitted by facsimile to the United States Patent and Trademark Office, Art Unit 1744, Attn: Mark Spisich, (571) 273-8300, on January 3, 2007.

Dated: January 3, 2007

(Amendment Transmittal—page 1)

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## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1) Claims Remaining After Amendment		(Col. 2)	(Col. 3) SMALL ENTITY				
		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee		
Total	1	Minus	20	= 0	x \$25 =	\$0	
Indep.	1	Minus	3	=0	x \$100 =	\$0	
First Pre	scntation o	f Multiple D	ependent Claim		+ \$180 =	\$0	-
					Total Addit. Fee	\$0	

• If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,

\*\* If the 'Highest No. Previously Paid For' IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".

No additional fee for claims is required.

Very respectfully,

SIGNATURE OF PRACTITIONER

USPTO Reg. No: 28,761 Tel. No.: (813) 925-8505 Ronald E. Smith Smith & Hopen, P.A. 180 Pine Avenue North Oldsmar, Florida 34677

(Amendment Transmittal—page 2)

<sup>&</sup>quot;"" If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.